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ABSTRACT

This manual was designed for use by teachers, counselors, and administrators and as a supplement to other school curricula which deal with the subject of suicide. It provides for the dissemination of information beyond the student body and assists school jurisdictions with the organization of both prevention and crisis oriented plans. Section One, Understanding Adolescent Depression, contains general information on facts, myths, signs and symptoms, and resource agencies associated with suicide. Included in this section is information on dealing with the aftermath of a staff or student suicide. Section Two, Teaching Towards Suicide Prevention, presents lesson plan ideas for six concepts related to suicide: attitudes, facts and myths, signs and symptoms, communication, who can help, and bereavement. Section Three, Suggested Resources for Further Information, lists print materials, selected readings, and selected curricula for instruction in suicide awareness which teachers may find helpful. (NB)

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ED289109

# SUICIDE PREVENTION AND COPING

## A Manual for Teachers, Counsellors and Administrators

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# Introduction

With over 30 adolescent suicides in Alberta last year, and with an attempt rate believed to be many times higher, teachers, parents, school systems and governments are concerned about finding ways to increase young people's awareness of the issues surrounding suicide and the ways in which schools might positively affect this situation.

The introduction of the *Health and Personal Life Skills* and *Career and Life Management* curricula helps to address this concern by providing students with a greater awareness of their own skills and strengths, factual information associated with a wide range of relevant issues, personal coping skills and a listing of support agencies and individuals. These curricula also contain a section which deals directly with the subject of suicide. However, this information alone is not considered to be adequate. In order to enhance and complement these two curricula, this manual has been prepared for the use of teachers, counsellors and administrators. It provides for the dissemination of information beyond the student body and assists school jurisdictions with the organization of both preventative and crisis oriented plans. In this way, school personnel can be informed and prepared, if and when a suicide attempt is suspected or does occur, and will be able to deal with it in an effective fashion.

In order to present this information, the manual is divided into three sections:

**Section One**
General information on facts, myths, signs and symptoms, and resource agencies associated with suicide. (Included: information on dealing with the aftermath of a staff or student suicide.)

**Section Two**
Lesson plan ideas for six concepts related to the presentation of suicide information.

**Section Three**
Some suggested resources — including other curricula — are included for teacher use.

It is hoped that availability of this manual and other support resources developed within Alberta will encourage teachers to continue the work of presenting the best possible information to their students in this important area of instruction.

**Note: A booklet for students, *Understanding Depression and Suicide*, has been developed to provide some of the basic information contained in this manual. It describes the symptoms of depression and several important signs which may indicate that a person is considering suicide. General guidelines are provided to assist the student in dealing with such a situation.**

# Section One - Understanding Adolescent Depression

## Depression and Suicidal Tendencies

For a long time, it was believed that young people did not become clinically depressed, that childhood and adolescence were times of innocence and happiness. As well, it was felt that young people lacked the sophistication to experience serious depression and suicidal thoughts. The increasing concern with teenage suicide, however, has led to a rapid change in this historical view.

Although exhibiting many of the same symptoms of depression as adults, young people sometimes display depression in a manner quite unlike that of adults. Very often adolescents show depression through "acting out" behaviors which may be so disruptive at home or school that a concentrated effort is made to modify behavior and to discipline rather than to look for possible underlying motives.

Some general symptoms of depression include:

- Negative self concept
- Sadness or apathy (especially prolonged)
- Self blame
- Loss of appetite
- Changes in sleep patterns
- Constant fatigue
- Chronic but unexplained aches and pains
- Loss of interest in life
- An inability to make decisions
- An inability to analyze and solve problems

Some "acting out" behaviors in adolescents which may indicate depression, include:

- Increased alcohol or other drug use
- Truancy; a change in pattern of school attendance
- Delinquency
- Major changes in school performance
- Sexual promiscuity
- Dangerous behaviors; risk taking
- Fighting
- Changes in level of activity (e.g., restlessness to boredom)
- Rejection of past friends; family
- Accidents; dangerous driving
- Running away from home

**Note: These symptoms of depression provide some ways of recognizing a person at risk. It is important to remember that not all depressed people are suicidal and not all suicidal people are depressed.**

## Facts and Myths

In reading the above list of symptoms and "acting out" behaviors, it is obvious how closely aligned the symptoms of depression and clues to suicidal behavior are. (See Suicide: The Warning Signs on page 3). The two lists taken together, provide teachers and parents with some indicators of serious concerns or problems which may be developing for their students and children. Students should complete the following exercise and then discuss the results immediately. (See Lesson II, page 13). This will prove to be very useful in providing the framework for further discussion on the topic.

DIRECTIONS: After reading each of the following statements, circle "FACT" (F) or "MYTH" (M).

F M 1. People who talk about their suicidal thoughts are not likely to attempt suicide.

F M 2. The rate of suicide is higher among the poor.

F M 3. Most suicides take place with little or no warning.

F M 4. It is best not to discuss suicide with someone you think might be at risk, because you may be giving him/her the idea.

F M 5. It is easy to understand someone's motives for suicide.

F M 6. Once a person has attempted suicide, they have eliminated the idea from their system and will be at lower risk.

F M 7. A suicidal person clearly wants to die.

F M 8. There is a strong relationship between alcohol, drugs and suicide.

F M 9. If a person has been depressed and suddenly seems to be in an improved frame of mind, the risk of suicide decreases.

F M 10. On average, women are more likely to attempt suicide than men.

F M 11. Even though the reasons for specific suicides may vary, loss plays a major role in many suicides.

F M 12. Hopelessness and helplessness are commonly expressed feelings prior to suicide attempts.

F M 13. If you promise to keep a friend's suicidal thoughts "your secret," you should always keep that promise.

## Suicide: Fact or Myth

Answer Key

1. MYTH Many people who attempt suicide, tell someone, directly or indirectly. All statements or threats must be taken seriously.

2. MYTH Suicide crosses all socio-economic strata.

3. MYTH Through behavior changes, direct statements, or non-verbal clues, most people give some warning of potential suicide.

4. MYTH In fact, a dangerous myth. Sometimes this may be the only way to determine the seriousness of the person or to confirm your suspicions. As well, it indicates your willingness to discuss suicide and to help the person seek help.

5. MYTH Motives for suicide are as varied as the people who are involved. (See question 11.)

6. MYTH Nothing could be further from the truth. Perhaps as many as 80% of completed suicides occurred after previous attempts. This is especially true for young people.

7. MYTH Those considering suicide are usually ambivalent about death. Most simply want to escape an intolerable situation, and often change their mind about suicide in a very short period of time.

8. FACT Suicide and drug or alcohol abuse often go together. Alcoholics are at much higher risk than the average population, and drugs or alcohol are often used just prior to an attempt. Frequently people will do something (take risks, attempt suicide, drive carelessly) under the influence of drugs or alcohol that they might not do otherwise.

9. MYTH The improvement may just indicate that the person has made a decision to end his or her life, and may "feel better" having decided.

10. FACT However, the ratio varies from age group to age group, and males are, on average, three times more likely to complete suicide.

11. FACT Loss, especially loss of a relationship, may be one of the most significant factors preceding the suicide of an adolescent. Other types of loss (e.g., loss of esteem) are also important factors.

12. FACT Lack of hope for the future, for example, is an important clue.

13. MYTH This is one secret you cannot keep. You may lose a friendship temporarily, but may save your friend's life.

## Suicide: The Warning Signs

Although individual motives for suicide may vary from person to person, there are some common warning signs that can indicate that a person may be at risk of suicide, or is having personal, family or school problems which need to be addressed.

School personnel are in a particularly good position to be aware of possible problems in young people. Teachers and counsellors are often seen as confidants, often knowing about family or personal difficulties. As well, they are aware of behavior changes, of typical or unusual responses and attitudes of individual students, and of the student's usual quality of work. Added to this, teachers and counsellors have an educational background which includes knowledge of the normal developmental changes in young people. Since suicides seldom occur without warning, teachers who are aware of common cues and of changes in student behavior can respond in positive ways, using behavior descriptions to express reasons for concern and assisting the student in coping with crises.

While not all of these cues are specific indicators of potential suicide, especially when seen as isolated events in someone's life, they represent behaviors or changes in behavior which can serve as a "red flag" to teachers, parents or friends.

The warning signs are usually described as being physical, emotional or behavioral in nature:

**Physical Cues:**

1. Neglect of personal appearance.
2. Sudden changes in manner of dress, especially when the new style is completely out of character.
3. Chronic or unexplained illnesses, aches and pains.
4. Sudden weight gain or loss.
5. Sudden changes in appetite.

**Emotional Cues:**

1. Sense of hopelessness, helplessness or futility.
2. Inability to enjoy or appreciate friendships.
3. Wide mood changes and sudden outbursts.
4. Anxiousness, extreme tension and agitation.
5. Lethargy.
6. Changes in personality: from outgoing to withdrawn, from polite to rude, from compliant to rebellious, from well-behaved to "acting out", etc.
7. Loss of the ability to concentrate: daydreaming.
8. Depression, sadness.
9. Loss of rational thought.
10. Feelings of guilt and failure.
11. Self-destructive thoughts.
12. Exaggerated fears of cancer, AIDS, or physical impairment.
13. Feelings of worthlessness or of being a burden.
14. Loss of enjoyment from activities formerly enjoyed.

**Behavioral Cues:**

1. Decreased school activity; isolation. Sudden drop in achievement and interest in school subject.
2. Loss of interest in hobbies, sports, work, etc.
3. Unexplained use of alcohol or other drugs.
4. Increased use of alcohol or other drugs.
5. Withdrawal from family and former friends, sometimes acting in a manner which forces others away.
6. Changes in eating and/or sleeping habits.
7. Changes in friendship group.
8. Running away from home; truancy.
9. Accident proneness and increase in risk-taking behavior such as careless driving, bike accidents, dangerous use of firearms (Russian Roulette).
10. Sexual promiscuity.
11. Giving away prized possession (record collection, stereo, ten speed, etc.).
12. Sudden changes in personality.
13. Preoccupation with thoughts of death.
14. Making a will; writing poetry or stories about suicide or death.
15. Quietly putting affairs in order, "taking care of business".
16. Threatening suicide.
17. Hoarding of pills, hiding weapons, describing methods for committing suicide.
18. Previous suicide attempts.

While all the cues described may be indications that a person is experiencing problems, the behavioral cues 14-18 are especially significant in that these signs indicate that a decision to commit suicide may have been made. The fact that a person has made a previous attempt is particularly important since such persons are at a much higher risk of future attempts than the general population. In any of the cues, however, the key word is **CHANGE**. As a teacher or parent of a person at risk, it is important to be aware of changes in that person's usual physical, emotional or behavioral nature.

In addition to the warning signs, another important consideration is the sudden or dramatic lifting of depression. Some researchers believe that this sudden "happiness" is a result of the change from ambivalence about suicide to a decision to follow through with suicide.

**Life**
*Give love to the people*
*And they will return hate.*
*Give hate and you will be ignored.*
*Care for the people and you will be hurt.*
*Give completely of yourself and you will be destroyed.*

A typical example of the notes often written by high school students prior to a suicide attempt.

As mentioned earlier, very few suicides occur without some form of warning. Sometimes this warning may be presented not only in the cues or signs just described, but verbally as direct or indirect expressions of suicidal thoughts.

Indirect statements might include:

"What's the use of going on."
"You won't have to worry about me much longer."
"Oh...I just don't know..."
"Sometimes I think my parents would be happier if I'd never been born."
"I just can't take it any more."

Direct statements might include:

"Sometimes I just feel like killing myself."
"If I killed myself, then people would be sorry."
"One of these days I'll do it; I'll take the pills and end it all!"

Whether direct or indirect, verbal or non-verbal, such statements, threats or symptoms cannot be taken lightly, and should be seen as signs of depression or suicide ideation in the individual involved.

## Yes, You Can Help: General Guidelines

Where possible, it is strongly recommended that school staff have the underlying concepts and procedures embodied in these guidelines explained to them by a psychologist or a professionally trained counsellor. However, if someone wants to talk to you about their feelings of depression or about suicide, or if it is suspected that someone may be suicidal or depressed, the following general guidelines will help, even if you have not had formal counsellor training:

1. Always treat talk about suicide seriously; don't believe that "it's just attention seeking."
2. Do not swear to keep it a secret; suicide information is one of the secrets you cannot keep. It's not worth the risk.
3. Do not give quick advice or say that "everything will be alright."
4. Be an active listener. Do a lot of listening; little talking. Let the person know you are hearing what they are saying.
5. Remember that it is okay to ask the person if they have been thinking about suicide. It won't give them an idea they have not been thinking about.
6. Help the person explore his or her own feelings. Do not add to their possible guilt by saying things such as "think how your friends and family will feel."
7. Don't "discount" their feelings or crisis by making comments such as "things aren't that bad," or "that's not true, you have lots of friends."
8. Show and describe your concern and caring to the person.
9. Don't be afraid to talk openly about the suicidal thoughts. Try to determine whether or not the person has a plan or has attempted suicide before.
10. Do not debate whether or not suicide is right or wrong. To do so may add to guilt or feelings of worthlessness.
11. Encourage the person to go to a counsellor, religious leader or parent for additional help. If they won't and the risk remains, contact someone for them.
12. If the risk seems high or immediate, do not leave the person alone or send them on their own to an agency or other resource person.
13. You can often be a help just by being there for the person to talk to. Many suicidal crises are immediate and short term. By talking and listening, you may swing the ambivalent person from feelings of "self death" to "self life."
14. Remember: even though the risk of suicide may be past for the individual, the person may continue to need assistance — yours as well as that of a professional.

## Recognizing Degree of Risk: Intervention

SO...

You've noticed some of the symptoms in one of your students, and have become concerned...

The student has approached you, and seems to want to talk about more than course changes or his low mark...

One of your favorite students seems really upset about being cut from the team...

You have received a poem from a girl in your class and the more you read it, the more convinced you are that she is suicidal...

**A. Where do you go from here? How should you become involved in intervention?**

1. First of all, you must be aware of the basic differences between regular counselling and intervention;

   a. Intervention concentrates on the present immediate situation, problems and emotions.

   b. Intervention concentrates on existing resources both internal and external, past suicidal behaviors and possible present plans.

   c. Intervention's primary goal is not long term change but immediate prevention of suicide.

   d. Intervention requires the helper to be more active, directive and specific.

   e. Intervention concentrates on the person at risk dealing with ambivalent feelings (life versus death) in the present.

2. Secondly, not only is it important to recognize the general symptoms and signs discussed earlier, but also to realize that certain signs are primary indicators of higher risk of suicide. The primary risk factors mentioned most often by suicide information centres, in descending order of importance, are:

   a. AVAILABILITY OF RESOURCES: This is a major risk factor in that the less resources the person has available, the more the person is in danger of suicide. Does the person have apparent external resources such as friends, family, colleagues, clubs, employer, doctor, therapist? Does he or she belong to a church? Have they ever faced this problem before and coped with it? Any differences this time?

   b. CURRENT SUICIDAL PLAN: Does the person have a well thought out plan for suicide? Do they have the means to carry it out? How lethal is the plan? How soon?

   c. PAST SUICIDAL ATTEMPTS: Have they attempted before? Have they been in counselling since? Was the method the same?

   d. PRESENCE OF SYMPTOMS: Have some of the clues or signs discussed earlier been present? Does the person exhibit any signs of depression? Have there been significant changes in the person's behavior, thinking, feelings?

   e. PRESENCE OF STRESSORS: Has the person suffered a significant loss or losses, such as the loss or death of a loved one or a parent who has lost a job? Are there other stressors such as family sickness, divorce or separation, job or school exam stress? How are the stressors perceived by the person? Do things seem hopeless, insurmountable? Are the sources of stress single or multiple?

   f. PRESENT STATE: What is the person's physical condition? Does thinking seem scrambled and confused? What is the emotional state?

These key factors in determining risk are of help when communicating and working with the person about whom you are worried.

**B. Basic Steps in Intervention**

1. Step One: Engagement and Identification (See Lesson IV, pages 15-16.)

   a. During this step a person reaches out to the person at risk, opening the door to continued discussion.

   b. The major goal is to establish rapport and a level of trust.

   c. The skills used are those of empathic and active listening; the listener should accept the person's assessment of the seriousness of crises and feelings. (Listening, perception checking, paraphrasing).

   d. It is very important to be non-judgmental; to avoid advice giving and platitudes. (Respect).

   e. The eventual goal of this step is to determine, "Is this person considering suicide?".

   f. At some point it will be necessary to find out by asking directly; indirect questions lead to indirect answers. (ASK "Have things been so bad lately that you've been thinking about killing yourself?", not, "Are you worried about what you might do?").

2. Step Two: Inquiry and Assessment

   a. Once you have determined that the person has indeed been thinking about suicide, there is a need to establish an accurate understanding of the degree of risk present.

   b. During Step One, some of the risk factors presented earlier may have become apparent. In Step Two, you ask questions to determine whether or not, and to what extent, the other factors are at work.

   c. Questioning can become quite directive. (ASK "How far have you followed through on your suicide plans?" or "Have you thought about how you're going to do it?", for example).

   d. During Step Two, you are also making observations about some other symptoms which may have been present and of the general emotional, cognitive and physical state of the person.

   e. Discussions of this nature do not always progress from Step One to Step Four. It may be necessary to return to a step previously followed in order to check on some point or other. If you miss something in one of the steps or it becomes obvious that you "should" have said something else, don't worry. Apologize and return to what was missed or say what you think needs saying.

3. Step Three: Implementation and Contracting

   a. The basic purpose of intervention is not to provide therapy or to provide long-term correction of problems, but to stop suicide.

   b. Depending on the emotional state of the person at risk and the number of key factors at play, you may have to be quite directive in your handling of the intervention.

   c. For example, if the risk seems low, the stress is seen as low by the person, the person shows good thinking and emotional state, and has good resources, you may choose to work cooperatively with the person, suggesting an alternative course of action, but with the "client" selecting the course of action.

   d. However, if the factors show the risk to be high, the person's thinking is confused, the emotional state hysterical or depressed, the resources seen as non-existent, a plan in place, YOU will have to take the lead, giving the only choices from which he or she may choose.

   e. During this step, plans are made for activities to continue the intervention. These might include:
   - contacting parents
   - bringing in the counsellor
   - contacting the school psychologist
   - accompanying the student to a walk-in clinic
   - phoning the family doctor
   - removing the means (pills, car keys)
   - staying with the person until help arrives
   - making a long-term referral to counselling
   - taking the person to a mental health centre

   f. Remember that you probably should not cope with the situation by yourself. Get assistance.

4. Step Four: Networking and Follow-Up

   a. Networking is actually more of a first step than a long range step. In intervention, we are concerned with crisis and immediacy. Therefore, it is important to be aware of the community support systems even if your community does not have facilities for long-term therapy and counselling.

   b. Follow-up lets the person know that you care about their long-term improvement and ensures that some of the therapy or counselling needs are being met once the immediate crisis is past.

## Suicide Intervention: Who Can Help?

As mentioned earlier in this document, a key factor to consider is the level of an individual's internal and external resources. For that reason, it is important that when presenting information on suicide to students, we leave them with the feeling that they are not alone, and that there are individuals and agencies willing and able to assist them with their feelings of depression or thoughts of suicide.

It is important for parents and teachers to realize that these same individuals and agencies can provide information and support to them as they work with children and students.

Each person's support network is unique; each community provides its own level of agency or group support, but generally, the following might provide initial and/or long-term support:

YOURSELF
Parents and other family members
School counsellor
School administrator
Other teachers
Neighbors
Student's friends
Peer support groups
Family and community support services counsellors
Local health units
Employers
Coaches
Social workers
Police
Ministers, priests, rabbis and other religious leaders
Medical personnel
Psychologists
Emergency response personnel
Suicide hot lines
Salvation Army crisis lines

In addition to this general list, Alberta has a network of agencies and individuals specially trained in suicide intervention. Further information can be obtained by contacting the following centre:

SUICIDE INFORMATION AND EDUCATION CENTRE
201, 1615 - 10 Avenue, S.W.
Calgary, Alberta T3C 0J7
Phone: 245-3900

The excellent program noted below, funded by Alberta Community and Occupational Health and offered as "The Foundation Workshop," is an intense two-day workshop on attitudes, knowledge, skills and networking for educators, parents and caregivers from all professions.

SUICIDE PREVENTION TRAINING PROGRAM
S.I.E.C.
201, 1615 - 10 Avenue, S.W.
Calgary, Alberta T3C 0J7
Phone: 245-3900

## Suicide Information/ Prevention Agencies

Canadian Mental Health Association
#201, 723 - 14 Street, N.W.
Calgary, Alberta
T2N 2A4
283-7591

Canadian Mental Health Association
#200, 12120 - 106 Avenue
Edmonton, Alberta
T5N 0Z2
482-6091

Alberta Mental Health Services
9942 - 108 Street
Edmonton, Alberta
T5K 2J5
427-4444

AID Service of Edmonton
#203, 10711 - 107 Avenue
Edmonton, Alberta
T5H 0W6
426-3242

Provincial Suicidologist
4th Floor, Seventh Street Plaza
10030 - 107 Street
Edmonton, Alberta
T5J 3E4
427-2816

Suicide Prevention Program
8530 Franklin Avenue
Fort McMurray, Alberta
T9H 2J3
743-7894

Suicide Prevention Program
#201, 10118 - 101 Avenue
Grande Prairie, Alberta
T8V 0Y2
539-6692

Canadian Mental Health Association
505 - 7 Street South
Lethbridge, Alberta
T1J 2G8
329-4775

Lethbridge Family Services
3rd Floor, 515 - 7 Street South
Lethbridge, Alberta
T1J 2G8
327-5724

Canadian Mental Health Association
398 Aberdeen Street S.E.
Medicine Hat, Alberta
T1A 0R2
529-6011

Red Deer Suicide Prevention Crisis Services
Box 640
Red Deer, Alberta
T4N 5G6
342-4966

Canadian Mental Health Association
#1, 5015 - 48 Street
Red Deer, Alberta
T4N 1S9
342-2266

**Check local listings for agencies in your community and enter them below:**

Medical Doctor: _____

Family and Community Support Services:

_____

Social Services: _____

_____

_____

_

## Dealing With A Suicide: Developing a School or System Plan

Sometimes despite our best efforts to work in the area of suicide prevention and intervention, young people do attempt and complete suicide. When this happens, it often catches teachers and students unprepared as to how to deal with the feelings, issues and discussions surrounding the death of a student, classmate and friend.

In an effort to provide the necessary support and information, some North American school systems have been developing plans of action. In general, these plans include the following suggestions:

1. Outlining a two, three or five day immediate plan for implementing steps developed by each school or system for dealing with the aftermath of a student or staff death.

   (Examples of plans developed in Canada and the United States may be obtained from the Suicide Information and Education Centre, Calgary. The address for the Centre and other support agencies may be found on pages 8-9.)

2. Gathering together all the person's belongings which will be at the school.

3. Immediate and caring home contact by members of the administration and counselling team. Such contact is especially important in the case of a suicide since very often neighbors and friends, afraid that they will not know what to say or how to react, do not react at all and say very little. Unlike survivors in circumstances involving illness or accident, those who have had a suicide in the family often feel a sense of isolation and a lack of support or understanding as well as guilt feelings which may accompany the grief. Contact from the school might include, along with the expressions of sympathy and support, suggestions regarding a memorial service and ways in which to deal with friends who may have difficulty in expressing their sympathy and support.

4. Providing an opportunity for the staff to learn about the probable responses and feelings which will be encountered from students during the days following the death. Suggestions as to how staff might deal with these responses and feelings and opportunities and time for the staff to express their own feelings are often included.

   (While such information is immediately necessary because of the emergent nature of the crisis, schools might take the opportunity at any time to provide professional development regarding the issue of suicide.)

5. Where possible, inclusion of outside resource persons (Mental Health Services personnel, clergy, school psychologists, for example) to assist with both information support and counselling assistance. (An additional role of an outside counselling person or team is the provision of support to staff members, some of whom will feel emotionally drained and in need of expressing their own feelings, after working with students in the days following the death.)

6. Involving the school peer support team in assisting students to discuss their feelings; referring classmates who may be having a particularly difficult time dealing with the death; or providing additional "eyes and ears" with respect to others who, through their behaviors, mannerisms or statements, might seem to be at risk themselves.

7. Establishing a central area within the school to which students or staff can come to discuss their feelings, to express their grief or to lend support. The location of this area will be dependent upon the facilities available in that particular school but the Student Services or Counselling Centre offices are logical selections.

8. Contacting students who have been identified by staff or peer support team members as having a particularly difficult time dealing with the death, their own feelings of guilt (very common) or some of the signs and symptoms associated with depression or suicidal intent. These students might receive additional counselling support, and contact would be made with their parents to express the school's concern about their well-being.

9. Since the effects of a suicide can continue for many weeks or even months following, some schools develop a seminar series for the community to raise public awareness of the issue, and ways in which parents, employers, teachers and friends can be a first resource/ intervention for others and themselves.

   In Alberta, the Suicide Information and Education Centre, and the Suicide Prevention Training Program, provide both information and training suggestions.

   Dr. Ron Dyck, Provincial Suicidologist, working with a team of Alberta teachers, has produced a suicide prevention training package which might prove useful to the development of a parent/teacher/student in-service package. The Provincial Suicidologist should be contacted for further information (page 9).

10. Providing an opportunity for friends and teachers of the victim to participate in a memorial activity or service. Such an activity is usually voluntary, and provides for a sense of closure for the family, students and school staff.

11. Visiting individual classes or grade assemblies in order to:

    a. discuss the factual information, and to dispel the rumors which almost always accompany a suicide.

    b. open lines of communication and support, by

    - informing them of immediate support facilities and personnel in Student Services
    - reminding them of the availability of the Peer Support team
    - asking them to be supportive of others who may be having difficulty dealing with death
    - encouraging them to talk to their parents about any fears, concerns or feelings

    c. describe the grief cycle and the importance of expressing their own reactions in a way which is comfortable for them. (It is natural for reactions to range from sadness to anger to guilt or to have no reaction at all.)

    d. discuss the fact that feelings of personal responsibility and guilt are common, and help allay fears that it is "their fault."

    e. attempt to "de-romanticize" the act. This has been a choice for self-death; an ending.

    f. encourage students to learn more about suicide and depression, and the ways in which it is possible to assist in prevention and intervention.

12. Working to return the school to a normal operating situation in as short a time span as possible. Support programs may remain in place, but teaching and learning activities should not be unduly disrupted. While classes will likely take time out to discuss the issues described earlier, memorial activities and special situations should take place in a non-disruptive way and time allocation.

    When dealing with the effects of a staff or student suicide, administrators, counsellors and teachers should keep in mind the importance of reaching out for support from not only outside resource agencies, but colleagues in other schools as well. At least one Alberta jurisdiction is presently examining a procedure by which a school that has experienced a suicide can call upon counsellors in neighboring schools to join the crisis team for a short period of time to provide additional support and information.

    With over 30 adolescent suicides in Alberta last year, the need for prevention, intervention and a collegial and cooperative approach to postvention is of primary importance.

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# Section Two - Teaching Towards Suicide Prevention

## Lesson Plan Objectives

Intended to be used in conjunction with the junior high Health and Personal Life Skills course and also with the high school Career and Life Management course, the six lessons described in this section highlight the main areas of interest and information identified in numerous articles and curricula throughout North America.

As part of a research work for a University of Calgary Faculty of Social Welfare practicum project, Laurell Hamilton identified eight key objectives which should be covered by a suicide awareness curriculum.

1. To teach students that suicide is preventable.
2. To present facts and myths about suicide.
3. To allow students to explore their own attitudes and beliefs about suicide.
4. To teach students the clues or warning signs of suicide.
5. To provide information to help students understand depression.
6. To teach strategies for dealing with stresses or disappointments.
7. To develop students' awareness of their roles as potential helpers.
8. To provide students with information on available helping agencies.

At least one of these objectives (#6) is dealt with in Themes I and II of the Health and Personal Life Skills course which places an emphasis on decision-making, flexible behaviors, self-concept, feelings and communication skills. If this manual is being used not in conjunction with that curriculum, but as a separate entity, it is recommended that additional lessons dealing with effective communication, decision-making and feeling description be added.

## Lesson I: Attitudes

**Purpose:**

1. To allow students to examine their own attitudes towards suicide and their role as potential helper.

2. To provide information on the way in which one's attitudes may affect the way in which one responds to suicidal intent in a friend.

3. To develop a realization that awareness of one's attitude is helpful in learning to help others who may be depressed or suicidal.

4. To learn that education and awareness of facts may have an impact on attitudes.

**Procedure:**

1. Distribute a list of unfinished sentences about suicide to the students, and ask them to complete each sentence individually in preparation for small group discussions.

2. Unfinished sentences might include:

   a. I think suicide is sometimes considered by teenagers because...

   b. People who attempt suicide are...

   c. If a friend told me he/she was thinking of suicide, I'd...

   d. Morally, I think suicide...

   e. If someone I knew committed suicide, the most difficult thing for me would be...

   f. If someone asked me if I thought that sometimes suicide was okay, I'd say...

   g. The best way to help someone who is depressed or thinking about suicide is...

   h. If I felt that I was suicidal, the kinds of people I would go to talk to would be...

   i. What I don't understand about suicide is...

   j. If someone said they didn't want my help, I would...

   k. When people say, "There's no hope," I...

   (Because of time limitations, teachers may decide to limit the number of sentences used for discussion purposes.)

3. Once students have had an opportunity to complete their own sheets, divide them into small discussion groups of five or six per group to share their answers.

4. Following discussion in the small groups, bring the class back together for a discussion of the effect of attitudes on discussions about suicide and assisting someone who may be suicidal.

5. Questions for the large group might include:

   a. How did you feel about discussing your attitudes in the small group?

   b. Were any of the unfinished sentences more difficult for you to answer?

   c. As you heard other people discuss their answers, did you change your mind on any of yours? If yes, which ones?

   d. If you could sum up your attitudes towards suicide in one sentence, what would it say?

e. How might a person's attitudes make it easy or difficult to assist a potential suicide victim?

f. Might any of your personal attitudes make it easy or difficult to help someone? Which ones?

g. If a person had a very negative attitude towards suicide or suicide attempters, could they set that attitude aside while helping someone?

h. How might the attitude, "There's nothing you can do if someone wants to die!", change the way in which a person treats someone who has expressed a death wish during a conversation?

i. How can increased awareness and education about the facts and myths of suicide affect one's attitudes about suicide?

## Lesson II: Facts and Myths

**Purpose:**

1. To deal with the many misconceptions regarding both suicide and the possibility of assisting possible suicide attempters.

2. To assist students in confirming or changing their attitudes towards suicide.

**Procedure:**

1. Distribute the fact and myth sheet, indicating to students that this is not a test, but a teaching information sheet to be used for discussion.

2. Ask students to complete the sheet individually.

3. Once the individual sheets are complete, the teacher may take one of two approaches:

   a. divide the class into small groups to discuss their answers and to reach small group concensus; or

   b. work in the large group, "voting" on the answers, discussing the reasons behind the student choices.

4. Once students have completed their discussion, share the "correct" answers and reasons for each with the students.

5. Discuss the question, "Have any of the answers caused you to change some of your ideas expressed in the first lesson?" If yes, which ones may have changed?

## Lesson III: Signs and Symptoms

**Purpose:**

1. To provide students with the warning signs for both depression and suicide.

2. To increase students' awareness of the importance of being observant of changes in themselves and others.

3. To provide information on the importance of multiple symptoms as an indicator of potential depression and suicide.

**Procedure:**

1. Write the word "depression" on the blackboard, and ask students to write a personal definition for the term in their notebooks. The teacher should explain to the student the difference between having a depressive illness which is usually persistent and pervasive and "having a bad day" or "feeling blue" for a relatively short period of time.

2. Do a "communication whip," by quickly going around the room asking for student definitions.

3. Ask the students to consider a time in their life when they felt really down or depressed about something or when they had a friend or family member in that situation.

   a. Remembering the students' right to privacy and to "pass" on sensitive questions, ask if anyone would like to share the feelings, thoughts and behaviors that occurred at the time.

   b. Place a list on the board of the kinds of feelings, behaviors and thoughts expressed.

4. Share the information contained in the section, "Understanding Adolescent Depression," page 2, including both the general and adolescent symptoms.

5. If possible, show the film, "Urgent Messages," one of the "recommended" resources for Health and Personal Life Skills. (A second film, "Suicide, the Warning Signs," is a supplementary resource intended for teacher or parent use.)

6. Following the film, ask the students to identify some of the indications that characters in the film were experiencing or had experienced depression prior to their suicides or attempts.

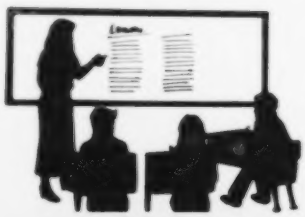
7. Using the film as a lead-in, discuss the signs and symptoms of suicide, following the section, "Suicide: The Warning Signs" in this manual.

8. Key issues to cover during the discussion:

   a. Individually, the signs and symptoms may not be specific indicators of suicidal intent, but often do indicate that an individual is under some stress. If several symptoms are present, there may be cause for alarm.

   b. The primary catch word in symptom awareness is "change." Teachers, family members and friends should be especially aware of sudden changes in behaviors, attitudes, or thoughts.

   c. The importance of taking seriously any statements regarding suicidal intent or indications of previous attempts.



## Lesson IV: Communication

**Purpose:**

1. To increase students' awareness of the importance of empathic listening.
2. To provide practice in listening skills.
3. To increase students' awareness of some general skills basic to intervention.
4. To increase students' awareness of the factors related to risk assessment. (Optional.)

**Procedure:**

Within the context of Health education, students have been provided with opportunities to discuss feelings, relationships and communication. In this lesson, some of these earlier skills are used in suicide intervention situations.

(If being used outside the context of Health and Personal Life Skills or Careers and Life Management, teachers may wish to add additional lessons on effective communication.)

1. Ask students to suggest some of the feelings that may be experienced by someone who is depressed or suicidal. (Answers may include: fear, anger, sadness, hostility, hopelessness and helplessness.)
2. Indicate that the primary purpose of communication with someone who is depressed or suicidal is to get in touch with those feelings; to show you care; to assist the person to eventually feel more in control of the feelings.
   a. Ask students to define or give examples of "empathy" and "empathic listening."
3. After completing the descriptions and examples, present the following information and activities related to effective communication.

   While there are a great many factors which go into effective communication, four important aspects are:

   i. Listening
   ii. Perception Checking/Feeling Description
   iii. Paraphrasing
   iv. Respect

   a. **Listening**
      i. Place the title "Qualities of a Good Listener" on the board.
      ii. To begin discussion, put one or two examples on the board. Examples might include:
         • doesn't put you down
         • seems genuinely interested
         • tries to understand how you feel
      iii. Through small group discussion or brainstorming, develop a list of qualities.
      iv. Discuss the reasons why it is especially important to be a good listener when dealing with people who may be at risk of suicide.

   **b. Perception Checking/Feeling Description**

      i. Describe or define perception checking and feeling description:

         • perception checking: improving your understanding of the person with whom you're speaking by confirming the feelings you believe are being expressed. This does not involve asking, "How do you feel?", but an attempt to express the possible feeling in your own words: "You seem really confused..." or "That seems to have upset you a lot..."

         • feeling description: improving communication by being aware of your own feelings, and describing them to the other person. ("I am really worried about you.")

      ii. Re-emphasize the importance or relative strength of the "I message" in communication.

      iii. On a piece of looseleaf paper, ask students to make a vertical column, lettered A to Z. Next to each letter, students place the name of an emotion beginning with the appropriate letter. Share the answers.

      iv. On the same paper, have students write the following words: HAPPY, ANGRY, SAD, across the page. Ask the students to write as many symptoms as they can which would express these same feelings but at varying levels or degree.

      v. Provide students with a list of sentences conveying various feelings. Divide the class into groups of three. One student reads a sentence (with feeling); one responds "You feel..."; the third acts as an observer to confirm the feeling. Students rotate roles with each sentence.

         Sentences might include:

         "My dad says everything's going to be alright now!"
         "I just don't think I can go on."
         "If he does that to me one more time..."
         "I'm really glad you're my friend."
         "Oh no! Our mid-term exam is only two days away."
         "Sometimes I just don't seem to be able to cope."
         "Just three days until Christmas break."

         (Include a variety of feelings and/or have students each contribute five sentences of their own into the discussion "pool.")

c. **Paraphrasing**
A common difficulty in communication occurs when one person incorrectly assumes he/she understands what someone else has said. While the question, "What do you mean?", might be used, a far more effective and active listening skill is **paraphrasing**.

Paraphrasing involves restating in your words what you believe the other person has said or meant in a preceding statement.

i. After giving students the brief description above, ask them to suggest why paraphrasing is a positive communication tool. Answers might include:
   - it shows that you are actively listening
   - confirms that you heard correctly
   - shows that you are really interested in the person
   - avoids making false assumptions

ii. Give an example of paraphrasing such as:
   Person A: "Man, Mr. X is a lousy teacher!"
   Person B: (paraphrasing) "Boy, you sure sound mad! I guess you feel he doesn't treat people fairly."
   Person A: (correcting) "No, he's really fair, but expects homework assignments to be in on time!"

iii. Ask students to design paraphrase responses for each of the following sentences:
   "Don't waste your money on that album."
   "Sometimes I just think my life's a waste."
   "My parents just don't care."
   "Hawaii is great!"
   "What's the use?"
   "Do you think the world is fair?"
   "The last dance was the best ever!"
   "There just aren't enough hours in the day."
   "That's it! She and I are no longer friends!"

iv. As an additional exercise, ask students to design statements similar to the ones above; statements which are general enough to be taken more than one way.
   - in pairs, ask one student to present the sentence and the other to try paraphrasing it correctly.

d. **Respect**
   i. Discuss the importance of respect for others in effective communication.
   ii. Ask students to suggest ways in which they would know that their point of view or feelings were being respected by someone with whom they were communicating.

4. Distribute the sheet, "Yes, You Can Help: General Guidelines" (page 5).
   a. Lead a class discussion on the items, relating them to the general guidelines for effective communication discussed in this lesson.
   b. Ask for additional suggestions that students feel might go on the list.

5. (OPTIONAL) It is an optional choice for the school to share with the general student body the information contained in the section, "Recognizing Degree of Risk: Intervention." One advantage to sharing is the fact that suicidal students often turn to other students for help and assistance. If the general student population has not received any instruction in this area, there will be little support for the suicidal student from this source. This, in turn, could intensify the feelings of depression and frustration which the student is undoubtedly experiencing.

   A disadvantage to sharing is the fact that determining and recognizing the degree of risk is a very complicated task. If time restrictions are going to force the teacher to skim over this section very lightly, then it is probably better to omit it entirely. The danger is that students who receive only a cursory introduction to a very deep subject may be given a false notion of being able to handle a difficult situation on their own without making referrals to a teacher, counsellor or other adult.

   Another alternative which may be open to some schools is to make use of a peer counselling group. This group of students can be given special instruction by the school counsellor or psychologist, and then the general school population is made aware that these students can be approached.

## Lesson V: Who Can Help?

**Purpose:**

1. To increase students' awareness of the range of individuals and agencies to whom they might turn in times of depression or possible suicide.

2. To allow students to see themselves as a primary resource for friends and family.

**Procedure:**

1. Ask each student to make a list of the resource people to whom they would turn if they themselves were depressed, or if they felt that a friend was depressed or had expressed suicidal thoughts or actions.

2. Make a general list of student answers on the board.

3. If they do not appear on the list, add the suggestions that appear in the section, "Suicide Intervention: Who Can Help?".

4. As a brief research topic, ask students to use the telephone directory for their area to locate

   a. Emergency services
   b. Medical facilities
   c. Churches
   d. Suicide Hot Lines
   e. Zenith numbers
   f. Other agencies

   which might be of assistance in time of crisis.

5. A secondary research topic might require students to find out what print or audiovisual resources dealing with suicide are available in schools and local libraries, health agencies or institutions in the community.

6. Publish a sheet of phone numbers and resource agencies for parents and students.

7. Emphasize that each of us is a "primary" resource to someone else and to ourselves, but that we do not have to deal with serious crises by ourselves.

8. Remind students: Suicide attempts/thoughts are secrets we cannot afford to keep.

## Lesson VI: Bereavement

**Purpose:**

1. To increase students' awareness of the range of emotions which will occur in the school population following a suicide.

2. To increase students' understanding of why these emotions occur.

3. To provide information on the importance of verbalization as part of the coping process.

4. To provide information on the dangers involved in improper handling of bereavement emotions.

**Procedure:**

1. Have students assist with the preparation of a list of the various emotions which are likely to result and write them on the blackboard. Make certain that all of the following emotions are included:

   a. Denial
   b. Shock
   c. Disbelief
   d. Anxiety
   e. Confusion
   f. Sorrow
   g. Guilt
   h. Anger
   i. Reactive hostility (blame)

2. Discuss each of these emotions with the students and have them express their thoughts as to why individuals might experience these feelings.

3. Explain and discuss the following points with the students:

   a. It is natural for individuals to feel strong emotions when someone they know commits suicide.

   b. Every individual is entitled to his or her particular feeling. Individual reactions will be different.

   c. While strong feelings are natural, it is important that these be "talked out" with other individuals and not be bottled up inside.

   d. Stoical silence can be a destructive way of dealing with strong emotions.

4. Refer back to lesson V and remind the students of the resource people available for "talking out" their emotional feelings.

5. In view of the fact that life must go on, discuss the appropriateness and length of the mourning period.

6. Discuss the dangers involved in over-sensationalizing suicide; (e.g., the copycat effect which seems to occur immediately following a suicide, and re-occurs on anniversaries).

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